DEPARTMENT USE ONLY

AMOUNT

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## STATE OF CALIFORNIA BUSINESS, TRANSPORTATION AND HOUSING AGENCY DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT DIVISION OF CODES AND STANDARDS REGISTRATION AND TITLING PROGRAM



## **REQUEST FOR CONFIDENTIALITY**

SECTION I.	INSTRUCTIONS					
sign the certification.  To remove confidence certification in Section.	on in Section IV. ential status from your unit's re	ss, complete Section II, Section ecord, complete Section II and 00 to the department.		, ,	•	
SECTION II.	DESCRIPTION OF UNIT	Γ				
This unit is a (check one):	Manufactured Home, M Floating Home, or	Mobilehome, or Multi-unit Manu Truck Camper	factured Hous	sing Commercial Co	oach	
The Decal (License) Numb	per(s) is:					
The Trade Name is:						
The Serial Number(s) is:						
SECTION III.	CONFIDENTIAL HOME	ADDRESS INFORMATION				
Enter Location Address (si	tus):					
Street Address		С	ity	State	Zip	
Enter Current Mailing Addr	ess:					
Street Address	or P.O. Box	С	ity	State	Zip	
<ol> <li>The local</li> </ol>	ling address shown above is	dress shown above are the sa	me, OR			
Street Address	or P.O. Box	С	ity	State	Zip	
SECTION IV.	REGISTERED OWNER	CERTIFICATION				
Alternate Mailing Address sunderstand that this address	shown above is the correct as ss will be open for public insp					
Executed on(Date)	at	(City)		(State)		
Signature of Registered Ov	wner:					
SECTION V.	REMOVAL OF CONFID	ENTIALITY OF HOME ADI	DRESS			
I request that the Confident	tiality of Home Address be re	emoved. The addresses to be	shown on rec	ord are:		
Mailing Address:						
Location (Situs) Address: _						

Signature of Registered Owner: \_\_\_

Printed Name of Registered Owner: